

Renewed May 31, 2011

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FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2011
NAME OF PROVIDER OR SUPPLIER CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETE DATE
I 000	INITIAL COMMENTS On April 18, 2011, the State Surveying Agency (SSA) received a complaint notification from the Mid-Atlantic Coordinating Center of Washington DC. The complaint identified the following concerns: Allegation #1: General mis-management of medications including medication documentation. Conclusion: The allegation was partially substantiated. See I 500 Allegation #2: Lack of current physician orders related to psychotropic medication. Conclusion: This allegation was substantiated. See I 500 Allegation #3: Lack of current physician orders related to non-psychotropic medications. Conclusion: This allegation was substantiated. Allegation #4: Lack of appropriate diet orders, and nutritional assessments. Conclusion: This allegation was partially substantiated. See #1043, #1412. Allegation #5: Lack of having proper documentation Behavior Support Plan (BSP) before psychotropic medications are administered. Conclusion: This allegation was not substantiated. Allegation #6: Allowing an unmonitored trained medication employee (TME) to give medication in	TAG 1 000	Allegation 1-9 All Physician Orders and MAR's were signed by the primary care physician on 4/20/2011 and filed. There have been Nutritional evaluations for all Individuals at Carl's Place. Carl's Place has also consulted with a psychologist to ensure that all Individuals have current BSP's. At the time of the allegations Mid Atlantic Coordinating Center of Washington was the contracted agency providing the nursing oversight to the TME during the review period. Mid Atlantic Coordinating Center of Washington, DC voided the contract when they refused to administer the medication. Carl's Place has hired a new nursing team (RN, LPN). The team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011 Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011 The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date: May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Carl's Place has made the following systemic changes to ensure that the residents affected in the deficient areas are not repeated: Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The	5/31/2011

Health Regulation Administration

Karen Hutchinson
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
CEO

(X6) DATE
5/20/11

STATE FORM

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If continuation sheet 1 of 19

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I 000	<p>Continued From page 1</p> <p>both facilities even though management was told on numerous occasions that the medications were possibly incorrect.</p> <p>Conclusion: This allegation was substantiated. See I 500</p> <p>Allegation #7: Gross lack of managerial responsibility, oversight and accountability for residents in their care</p> <p>Conclusion: This allegation was substantiated. See Deficiencies cited throughout this report.</p> <p>Allegation #8: Failure to provide safe medical environment to entrusted individuals and;</p> <p>Conclusion: This allegation was substantiated.</p> <p>Allegation #9: Lack of RN oversight</p> <p>Conclusion: This allegation was not substantiated.</p> <p>Due to the nature of the complaint and information obtained from the administrative review, Health Regulation and Licensing Administration (HRLA) initiated an on-site investigation on April 19, 2011.</p> <p>The findings of this investigation were based on interviews with direct care staff, the agency's management staff, and a review of the medical and administrative records. Additionally, this investigation included a review of the facility's incident management system. The investigation resulted in a finding that the allegations of the complaint were partially substantiated.</p>	I 000	<p>Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.</p>		

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I 042	Continued From page 2	I 042	TAG 1 042		5/31/11
I 042	<p>3502.2(b) MEAL SERVICE / DINING AREAS</p> <p>Modified diets shall be as follows:</p> <p>(b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and...</p> <p>This Statute is not met as evidenced by: Based on interviews, as well as review of staff in-service training records, the facility failed to ensure that modified diets were planned, prepared, and served by individuals who had received instruction from a dietitian. (Residents #1, #2, #3, #4 and #5)</p> <p>The findings include:</p> <p>Interview with the direct care staff on April 19, 2011 at approximately 4:06 p.m., revealed all the residents had been prescribed a 1800 calorie diet with the exception of Resident #1. According to the direct care staff, Resident #1 had been prescribed a 2200 calorie diet. Observation and interview on the same evening revealed beef stroganoff and vegetables were being served. The direct care staff revealed that residents would also be served 2% milk, which was observed to be in the facility's refrigerator.</p> <p>It should be noted that the direct care staff was observed using a beef stroganoff seasoning packet. observation of the back of the package revealed the seasoning contained 500 mg of sodium.</p> <p>Review of the GHPID's menus revealed individuals prescribed 1800 calorie diets should receive skim milk. Review of the resident's medical records revealed physician orders for</p>	I 042	<p>Carl's Place staff will be re-trained by the dietitian regarding the residents' diets and menu planning. Additionally the dietitian will observe staff during meal preparation. Carl's Place will ensure all staff is trained by the dietitian regarding planning, preparing and serving meals. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date :May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.</p>		

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I 042	Continued From page 3 April 2011 which verified the prescribed diets and also revealed that they were prescribed low sodium diets. Review of the GHPID's training records on April 19, 2011 at approximately 10:53 a.m., revealed the most current training entitled "menus" was scheduled on November 10, 2010. Review of the sign-in in-service sheet revealed there was no signature identifying the trainer nor was there an agenda. At the time of the survey, there was no documented evidence that the staff had received instructions/training from a dietitian before planning, preparing and serving meals.	I 042	TAG 1 043 (1-3) Carl's Place will ensure that all nutritional evaluations are completed quarterly. Staff will be trained on all specialized diets. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date: May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.	5/31/11	
I 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that the resident's modified diet was reviewed at least quarterly by the consulting dietitian for three of the three residents included in the sample. (Residents #2, #3, and #5) The finding includes: 1. Review of Resident #2's medical record on April 19, 2011 at approximately 12:33 p.m. revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium. The nutritional quarterly also revealed	I 043			

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I 043	<p>Continued From page 4</p> <p>the resident weighed 226.6 lbs with an ideal body weight of 200 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #2 was twenty (20 lbs) over his ideal body weight as of March 2011.</p> <p>At the time of the survey, the GHPID failed to ensure Resident #2's modified diet was reviewed at least quarterly.</p> <p>2. Review of Resident 3's medical record on April 19, 2011 at revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium, low cholesterol. The nutritional quarterly also revealed the resident weighed 182 lbs with an ideal body weight of 160 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #3 was nineteen (19 lbs) over his ideal body weight as of April 2011.</p> <p>At the time of the survey, the GHPID failed to ensure Resident #3's modified diet was reviewed at least quarterly.</p> <p>3. Review of Resident #5's medical record on April 19, 2011 at approximately 12:13 p.m. revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium. The nutritional quarterly also revealed the resident weighed 208 lbs with an ideal body weight of 170 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #3 was thirty-seven (37 lbs) over her ideal body weight as of April 2011.</p>	I 043			

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I 043	Continued From page 5 At the time of the survey, the GHPID failed to ensure Resident #5's modified diet was reviewed at least quarterly.	I 043			
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to show evidence of a physician's certification that documented a health inventory had been performed, for one (1) of five (5) employee records reviewed. (Employee #1) The finding includes: On April 19, 2011, beginning at 9:50 a.m., review of the personnel records revealed a current health certificate, however, there was no evidence that Employee #1 had been certified free from communicable diseases. This was acknowledged by the Program Director on the same day at approximately 11:00 a.m.	I 206	TAG 1 206 5/31/11 All employees shall have updated health status. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011 A new Residential Director has been hired to oversee the day-to-day operations and work with the nursing team to ensure that all personnel files health records status are updated in a timely manner. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date: May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance.		
I 394	3520.2(d) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor	I 394			

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I 394	Continued From page 6 necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (d) Nutrition; This Statute is not met as evidenced by: Based on record review and interview, the GHPID failed to ensure access to a nutritionist/dietitian as deemed necessary by the interdisciplinary team, for five (5) of the five (5) residents residing in the facility. (Residents #1, #2, #3, #4, and #5) The findings include: The GHPID failed to ensure (Residents #1, #2, #3, and #5) had access to a nutritionist/dietician. [See 0412]	I 394	TAG 1 394 (d) 5/31/11 Carl's Place will contact the current dietician to ensure staff is trained and all individuals will have access to the nutritional services. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date: May 12, 2011 Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consist of		
I 395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:	I 395			

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I 395	<p>Continued From page 7</p> <p>(e) Nursing;</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure the provision of nursing services in accordance with the assessed needs of five of the five residents in the investigation. (Residents #1, #2, #3, #4, and #5).</p> <p>The findings include:</p> <p>The GHPID staff failed to provide nursing oversight for all the residents who reside in the facility. (Residents #1, #2, #3, #4, and #5)</p> <p>1. Observations on April 19, 2011 between 7:30 am to 8:10 am, revealed Licensed Practical Nurse #1 (LPN #1) administered medications which included psychotropics to Residents #1, #2, #3, #4, and #5 as evidenced below:</p> <p>a. Resident #1- Lipitor 10 mg tablet, Magnesium Gluconate 250 mg tablet, Caltrate 600 mg tablet, Oxcarbazepine 300 mg tablet by mouth and Nafin 1% cream to scalp;</p> <p>b. Resident #2 - Divalproex ER 500 mg tablet, Seroquel 50 mg tablet, Levettacetate 1875 mg tablet, Lamictal 150 mg tablet by mouth, Diflorasone Diacetate 0.05% and Fluocinonide Ointment topically ;</p> <p>c. Resident #3 -Sertraline HCL 50 mg and Oxcarbazepine 300 mg tablet by mouth;</p> <p>d. Resident #4 - Fluoxetine 20 mg tablet, Klor-20 meq tablet, Crestor 10 mg tablet, Furosemide 20</p>	I 395	<p>the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.</p> <p>TAG 1 395 (e 1-3)</p> <p>Mid Atlantic Coordinating Center of Washington, DC failed to fulfill contract without giving 30 day notice, therefore leaving the individuals without nursing oversight. Carl's Place has since hired a RN and LPN to provide nursing oversight and services. Carl's Place will contract with a new pharmacy that will ensure that all medication orders are correct and current. Carl's Place RN will ensure all physician orders are signed and dated and processed in a timely manner. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. A new Residential Director has been hired to oversee the day-to-day operations and work with the nursing team to ensure medical issues are handled in a timely manner. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.</p>	5/31/11

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1395	Continued From page 8 mg tablet, Gemfibrozil 600 mg tablet by mouth and Ammonium Lactate 12% Cream topically ; e. Resident #5 - Furosemide 20 mg tablet, Paroxetin 20 mg, Abilify 5 mg, Ferrous Sulfate 325 mg, Gabapentin 400 mg by mouth and Econazole Cream 1% topically. Interview with LPN #1 on April 19, 2011 at approximately 8:15 am, revealed the facility had been without a Registered Nurse (RN) to provide nursing oversight since Friday, April 15, 2011. During a telephone interview with the Administrator on April 19, 2011 at approximately 9:35 am, it was confirmed the facility had been without a RN to provide nursing oversight since Friday, April 15, 2011. Further interview revealed a RN had been interviewed to provide nursing oversight however a formal contract had not been signed at the time of the investigation. 2. Review of April 2011 Medication Administration Records (MARs) on April 19, 2011 between 8:40 am to 9:00 am revealed the following medications were not available in the facility for the following residents: a. Resident #2 - Therobec plus tabs (vitamins); b. Resident #3- Lipitor 10 mg tablet and c. Resident #4- Olux Foam 0.05%, Clotopirox 1% shampoo and Olovetasol 0.05 Ointment. Interview with LPN #1 on April 19, 2011 at approximately 9:35 am, revealed he was aware the medications were not available in the facility. Further interview revealed the medications had been ordered from the pharmacy and would be delivered to the facility on the evening of April 19, 2011. Interview with the Program Manager on April 19,	1395			

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I 395	<p>Continued From page 9</p> <p>2011 at approximately 9:45 am, revealed Staff #1 made him aware the medications were not available in the facility on April 15, 2011 .</p> <p>3. Review of medical records for Residents #1, #2 and #4 on April 19, 2011 between 10:00 am and 11:00 am revealed unsigned physician's orders dated March 1, 2011 to March 31, 2011 which were effective for 90 days. Further review of physician's orders for Residents #1, #2, #3 and #4 revealed the physician's orders were signed by a LPN who was no longer employed at the facility.</p> <p>Interview with the Program Manager on April 19, 2011 at approximately 11:25 am, it was acknowledged Residents #1, #2 and #4 had unsigned physician's orders effective for 90 days. Further interview confirmed Residents #1, #2, #3 and #4's physician's orders were signed by a LPN who was no longer employed at the facility.</p> <p>4. Review of medical records for Residents #1, #2, #3, #4, and #5 on April 19, 2011 between 11:10 am and 11:30 am revealed no evidence of signed April, 2011 physician's orders.</p> <p>Interview with the Program Manager on April 19, 2011 at approximately 11:35 am, it was acknowledged Residents #1, #2, #3, #4 and #5 did not have signed physician's orders in their medical records for April, 2011.</p> <p>5. Review of April, 2011 MARs on April 19, 2011 between 10:40 am to 11:00 am revealed Resident #1's Lipitor 10 mg tablet, Magnesium gluconate 200 mg tablet, Trileptal 300 mg tablet daily, Caltrate 600 mg and Naftin 1% cream, twice daily, was not documented as administered on April 14, 2011.</p> <p>Interview with the Program Manager on April 19, 2011 at approximately 11:35 am, revealed he was unaware Resident's #1 medications had not been documented as being administrated.</p>	I 395			

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I 412	<p>3520.13 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>If a resident evidences the need for a professional service for which arrangements do not exist, the GHMRP shall have fourteen (14) days to show evidence of arrangements for provision of the professional service, except that in life threatening situations, arrangements must be made immediately.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure the provision of of Nutritional Services for three (3) of the five (5) residents residing in the facility. (Residents #2, #3, and #5)</p> <p>The findings include:</p> <p>Residents #2, #3, and #5 were observed during the morning administration of medication on April 19, 2011, beginning at approximately 7:30 a.m.. All three of the residents appeared to be overweight. The survey revealed that the resident had no access to a licensed nutritionist/dietitian for evaluation and nutrition counseling since July 2010.</p> <p>1. On April 19, 2011 at approximately 12:11 p.m., interview with the Program Director revealed that each of the residents received services from the Home and Community Based Waiver Program. A review of Resident #2's medicaid waiver authorization at that time revealed he had been approved to receive Prevocational Habilitation, Behavior Support Diagnostic and Residential Habilitation services to start April 27, 2010 and end April 26, 2011. Further review of the document failed to evidence</p>	I 412	<p>TAG 1 412 1-3</p> <p>5/31/11</p> <p>Carl's Place will work closely with the Department of Disability Services Coordinator to ensure that approved waiver services are provided and implemented timely. Carl's Place has contacted Total Care waiver Nutritionist to conduct a nutritional assessment and evaluation for the residents of Carl's Place. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. A new Residential Director has been hired to oversee the day-to-day operations and work with the nursing team to ensure medical appointments are timely. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date: May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The</p>		

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1412	<p>Continued From page 11</p> <p>a recommendation for any nutritional services.</p> <p>At 12:33 p.m., interview with the Program Director revealed Resident #2 had a Individual Support Plan (ISP) meeting on April 6, 2011. According to the Program Director, the Interdisciplinary team did discuss concerns about the resident being overweight, but he did not have the information. Continued interview with the Program Director revealed the services coordinator had thirty days to complete the resident's ISP.</p> <p>Review of Resident #2's medical record on the same day revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium. The nutritional quarterly also revealed the resident weighed 226.6 lbs with an ideal body weight of 200 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #2 was twenty (20 lbs) over his ideal body weight as of March 2011.</p> <p>At the time of the survey, there was no documented evidence that Resident #2 had received any nutritional services since July 16, 2010.</p> <p>2. A review of Resident #3's medicaid waiver authorization on April 19, 2011, revealed she had been approved to receive Prevocational Habilitation, Behavior Support Development and Follow-Up, and Residential Habilitation services to start August 3, 2010 and end August 3, 2011. Further review of the document failed to evidence a recommendation for any nutritional services.</p>	1412	<p>Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.</p>		

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1412	<p>Continued From page 12</p> <p>Review of the resident's medical record on the same day revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium, cholesterol. The nutritional quarterly also revealed the resident weighed 182 lbs with an ideal body weight of 160 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #3 was nineteen (19 lbs) over his ideal body weight as of April 2011.</p> <p>At the time of the survey, there was no documented evidence that Resident #3 had received any nutritional services since July 16, 2010.</p> <p>3. A review of Resident #5's medicaid waiver authorization on April 19, 2011, revealed she had been approved to receive an Initial Nutritional Assessment and four follow-up visits scheduled to start on February 23, 2010 and end on February 22, 2011.</p> <p>Review of the resident's medical record on the same day revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium. The nutritional quarterly also revealed the resident weighed 208 lbs with an ideal body weight of 170 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #3 was thirty-seven (37 lbs) over her ideal body weight as of April 2011.</p> <p>At the time of the survey, there was no documented evidence that Resident #5 had received any nutritional services since July 16,</p>	1412			

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I 412	Continued From page 13 2010.	I 412		
I 473	<p>3522.4 MEDICATIONS</p> <p>The Residence Director shall report any irregularities in the resident's drug regimens to the prescribing physician.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record verification, the Group Home for Persons with Intellectual Disability (GHPID) failed to report irregularities to the Primary Care Physician (PCP) for two of four residents included in the investigation. (Residents #2 and #3)</p> <p>The findings include: 1. Review of April, 2011 Medication Administration Records (MARs) on April 19, 2011 at approximately 8:40 am revealed Resident #2 did not receive Therobec plus tabs once daily from April 15 through April 19, 2011 because the medication was not available in the facility. 2. Review of April, 2011 MARs on April 19, 2011 at approximately 8:45 am revealed Resident #3 did not receive Lipitor 10 mg one tablet by mouth in the evening from April 15 through April 18, 2011 because the medication was not available in the facility. 3. Review of April, 2011 MARs on April 19, 2011 at approximately 8:50 am revealed Resident #4 did not receive Olux Foam 0.05% daily and from April 15 through April 19, 2011 and Olovetasol 0.05 Ointment daily from April 14 through April 18, 2011 because the medication was not available in the facility.</p> <p>Interview with the Program Manager on April 19, 2011 at approximately 9:45 am, revealed Staff #1 had made him aware the aforementioned</p>	<p>I 473</p> <p>TAG 1 473 (1-3)</p> <p>Car's Place Resident Director will ensure all medications are in the facility at all times. Carl's place will contract with a new pharmacy to ensure medications are delivered timely; additionally the RN will oversee medication delivery and ordering. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. A new Residential Director has been hired to oversee the day-to-day operations and work with the nursing team to ensure medical/health issues are handled in a timely. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date: May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that</p>	5/31/11	

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I 473	Continued From page 14 medications were not available in the facility on April 15, 2011 and he had not reported any irregularities to the Primary Care Physician (PCP). There was no documented evidence the PCP was made aware of any medication irregularities.	I 473	consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.		
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observations, interviews and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and other District laws that govern the care and rights of persons with mental retardation, for two residents residing in the investigation. (Residents #1, #2, #3, #4, and #5) The findings include: (Chapter 13, § 7-1305.05.(h) 1. The GHMID failed to demonstrate protection of all residents right to have all prescriptions for psychotropic medications written with a termination date, which shall not exceed 30 days. a. Interview with Licensed Practical Nurse #1 (LPN #1) revealed Resident #1 was prescribed	I 500	Tag 1 500 (1-2) Carl's Place RN will ensure that the primary care physician is notified of all medication irregularities. Additionally, the RN will conduct monitoring by reviewing medications monthly. The RN will ensure that the physician orders for 4/2011 are signed and filed. Carl's Place will ensure that there is RN oversight of all TME's and LPN's. At no time will any unlicensed staff administer medications without RN supervision. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. A new Residential Director has been hired to oversee the day-to-day operations and work with the nursing team to ensure medical issues are handled in a timely manner. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date: May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as	5/31/11	

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I 500	<p>Continued From page 15</p> <p>Seroquel XR 400 mg every evening for psychosis and agitation and Risperidone 0.5 mg tablet by mouth at bedtime for psychosis. Review of March 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am revealed Resident #1 was prescribed the aforementioned psychotropic medications. Further review of Resident #1's medical records revealed no documented evidence of signed April 2011 physician's orders for Seroquel XR 400 mg every evening and Risperidone 0.5 mg tablet by mouth at bedtime.</p> <p>b. Medication observation on April 19, 2011 at approximately 7:55 am revealed LPN #1 administered Resident #2 Seroquel 50 mg tablet by mouth. Interview with LPN #1 revealed Resident #2 was prescribed Seroquel 50 mg tablet twice a day for behavior management. Review of March 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am revealed Resident #2 was prescribed Seroquel 50 mg tablet twice a day for psychosis and agitation. Further review of Resident #2's medical records revealed no documented evidence of signed April 2011 physician's orders for Seroquel 50 mg twice a day.</p> <p>c. Medication observation on April 19, 2011 at approximately 7:35 am revealed LPN #1 administered Resident #3 Sertraline HCL 50 mg tablet by mouth. Interview with LPN #1 revealed Resident #3 was prescribed Sertraline HCL 50 mg tablet daily for depression and Zyprexa 15 mg at bedtime. Review of March 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am confirmed Resident #3 was prescribed the aforementioned psychotropic medications. Further review of</p>	I 500			

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I 500	<p>Continued From page 16</p> <p>Resident #3's medical records revealed no documented evidence of signed April 2011 physician's orders for Sertraline HCL 50 mg daily and Zyprexa 15 mg at bedtime.</p> <p>d. Medication observation on April 19, 2011 at approximately 7:35 am revealed LPN #1 administered Resident #4 Fluoxetine 20 mg tablet by mouth. Interview with LPN #1 revealed Resident #4 was prescribed Fluoxetine 20 mg tablet daily for behavior management and Seroquel 20 mg tablet at bedtime for psychosis. Review of March 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am confirmed Resident #4 was prescribed the aforementioned psychotropic medications. Further review of Resident #4's medical records revealed no documented evidence of signed April 2011 physician's orders for Fluoxetine 20 mg tablet daily and Seroquel 20 mg tablet at bedtime.</p> <p>e. Medication observation on April 19, 2011 at approximately 8:10 am revealed LPN #1 administered Resident #5 Paroxetine 20 mg tablet and Abilify 5 mg tablet by mouth. Interview with LPN #1 revealed Resident #5 was prescribed approximately 8:10 am revealed LPN #1 administered Resident #5 Paroxetine 20 mg tablet for depression and Abilify 5 mg tablet for psychosis by mouth daily. Review of March 2011 physician's orders dated March 1-31, 2011 on April 19, 2011 between 10:00 am and 11:00 am confirmed Resident #5 was prescribed the aforementioned psychotropic medications. Further review of Resident #5's medical records revealed no documented evidence of signed April 2011 physician's orders for Paroxetine 20 mg tablet and Abilify 5 mg tablet daily.</p>	I 500			

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I 500	<p>Continued From page 17</p> <p>2. The GHPID failed to ensure medications for Residents #1, #2, #3, #4, and #5) were administered only by a registered nurse (RN) or a licensed practical nurse (LPN) as evidenced by:</p> <p>During a telephone interview on April 19, 2011 at approximately 12:35 pm, Staff #1 stated she was a Trained Medication Employee (TME) and acknowledged administering medications to the clients at the facility (1) on the evening of April 14, 2011, (2) the mornings and evenings of April 15, 2011 through April 17, 2011; and (3) the morning of April 18, 2011. During a face to face interview with the Program Director on April 19, 2011 at approximately 12:55 p.m., it was confirmed Staff #1 administered medications on the aforementioned times and dates. Further interview revealed Staff #1's personnel file did not contain evidence of TME credentialing in the District of Columbia.</p> <p>Review of the April, 2011 Medication Administration Records (MARs) at approximately 8:30 am for Residents #1, #2, #3, #4 and #5, revealed Staff #1 had documented administering medications on the aforementioned times and dates by signing her name and initialing the MARs.</p> <p>Review of Staff #1's personnel file on April 19, 2011 at approximately 10:19 am, confirmed there was no evidence of TME credentialing at the facility. Review of the D.C. TME certification site on April 19, 2011 at approximately 1:30 p.m. revealed Staff #1 was not certified as a TME within the District of Columbia.</p> <p>During a telephone interview with the Administrator on April 19, 2011 at approximately 5:00 PM, the Administrator stated she had been informed by the Program Director that Staff #1 was a certified TME. Further interview revealed the Administrator was unaware that Staff #1 was</p>	I 500			

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1500	Continued From page 18 not a certified TME within the District of Columbia. There was no documented evidence all drugs were administered as set forth in the User Of Trained Employees to Administer Medications to Persons of Mental Retardation or Other Developmental Disabilities Act of 1994, D.C. Code, sec. 21-1201 et seq.	1500		

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R 000	<p>INITIAL COMMENTS</p> <p>On April 18, 2011, the State Surveying Agency (SSA) received a complaint notification from the Mid-Atlantic Coordinating Center of Washington DC. The complaint identified the following concerns:</p> <p>Allegation #1: General mis-management of medications including medication documentation.</p> <p>Conclusion: The allegation was partially substantiated. See I 500</p> <p>Allegation #2: Lack of current physician orders related to psychotropic medication.</p> <p>Conclusion: This allegation was substantiated. See I 500</p> <p>Allegation #3: Lack of current physician orders related to non-psychotropic medications.</p> <p>Conclusion: This allegation was substantiated.</p> <p>Allegation #4: Lack of appropriate diet orders, and nutritional assessments.</p> <p>Conclusion: This allegation was partially substantiated. See #043, #412.</p> <p>Allegation #5: Lack of having proper documentation Behavior Support Plan (BSP) before psychotropic medications are administered.</p> <p>Conclusion: This allegation was not substantiated.</p> <p>Allegation #6: Allowing an unmonitored trained medication employee (TME) to give medication in</p>	R 000	<p>§ R 000 (1-9)</p> <p>Mid Atlantic Coordinating Center of Washington, DC failed to fulfill contract without giving 30 day notice, therefore leaving the individuals without nursing oversight. Carl's Place has since hired a RN and LPN to provide nursing oversight and services. Carl's Place will contract with a new pharmacy that will ensure that all medication orders are correct and current. Carl's Place RN will ensure all physician orders are signed and dated and processed in a timely manner. Carl's Place will work closely with the Department of Disability Services Coordinator to ensure that approved waiver services are provided and implemented timely. Carl's Place has contacted Total Care waiver Nutritionist to conduct a nutritional assessment and evaluation for the residents of Carl's Place. Carl's Place has hired a new nursing team (RN, LPN) the team meets monthly with the administrative management team. The nursing team reviews all medical records bi-weekly and provides the CEO with updates on the medical status of the residents. Completion Date: May 12, 2011. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records bi-weekly. Completion Date: May 12, 2011. A new Residential Director has been hired to oversee the day-to-day operations and work with the nursing team to ensure medical appointments are timely. Completion Date: May 12, 2011. The Administrative team meets monthly to review QA monitoring reports and address corrective action plans. Completion Date: May 12, 2011. Carl's Place has developed Standard Operating Procedures for the day-to-day oversight of Nursing/ Healthcare issues in the affected deficit areas. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. Completion Date: June 30, 2011. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. A team of Health Care Professionals have been hired to oversee the Health and Wellness of the Residents. The team</p>	5/31/11

Health Regulation Administration
Karen Hutchinson
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
CEO

(X6) DATE
 5/20/11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/19/2011
NAME OF PROVIDER OR SUPPLIER CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
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R 000	<p>Continued From page 1</p> <p>both facilities even though management was told on numerous occasions that the medications were possibly incorrect.</p> <p>Conclusion: This allegation was substantiated. See I 500</p> <p>Allegation #7: Gross lack of managerial responsibility, oversight and accountability for residents in their care</p> <p>Conclusion: This allegation was substantiated. See Deficiencies cited throughout this report.</p> <p>Allegation #8: Failure to provide safe medical environment to entrusted individuals and;</p> <p>Conclusion: This allegation was substantiated.</p> <p>Allegation #9: Lack of RN oversight.</p> <p>Conclusion: This allegation was not substantiated.</p> <p>Due to the nature of the complaint and information obtained from the administrative review, Health Regulation and Licensing Administration (HRLA) initiated an on-site investigation on April 19, 2011.</p> <p>The findings of this investigation were based on interviews with direct care staff, the agency's management staff, and a review of the medical and administrative records. Additionally, this investigation included a review of the facility's incident management system. The investigation resulted in a finding that the allegations of the complaint were partially substantiated.</p>	R 000	<p>consists of RN, LPN, Dietitian and Behavior Specialist. Carl's Place has instituted monthly administrative/management team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.</p>		

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R 000	<p>Continued From page 3</p> <p>and nutritional assessments.</p> <p>Conclusion: This allegation was partially substantiated. See #043, #412.</p> <p>Allegation #5: Lack of having proper documentation Behavior Support Plan (BSP) before psychotropic medications are administered.</p> <p>Conclusion: This allegation was not substantiated.</p> <p>Allegation #6: Allowing an unmonitored trained medication employee (TME) to give medication in both facilities even though management was told on numerous occasions that the medications were possibly incorrect.</p> <p>Conclusion: This allegation was substantiated. See I 500</p> <p>Allegation #7: Gross lack of managerial responsibility, oversight and accountability for residents in their care</p> <p>Conclusion: This allegation was substantiated. See Deficiencies cited throughout this report.</p> <p>Allegation #8: Failure to provide safe medical environment to entrusted individuals and;</p> <p>Conclusion: This allegation was substantiated.</p> <p>Allegation #9: Lack of RN oversight</p> <p>Conclusion: This allegation was not substantiated.</p>	R 000		

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R 000	Continued From page 4 Due to the nature of the complaint and information obtained from the administrative review, Health Regulation and Licensing Administration (HRLA) initiated an on-site investigation on April 19, 2011. The findings of this investigation were based on interviews with direct care staff, the agency's management staff, and a review of the medical and administrative records. Additionally, this investigation included a review of the facility's incident management system. The investigation resulted in a finding that the allegations of the complaint were partially substantiated.	R 000			
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of personnel records, the agency failed to ensure criminal background checks for all jurisdictions in which employees had worked or resided within the seven (7) years prior to the check, for one of the five staff employed. (Staff #1) The finding includes: A review of personnel records on April 19, 2011, beginning at 9:50 a.m., revealed that Staff #1 began employment on April 15, 2011. Further review of the record revealed Staff #1 resides in Lusby, Md.	R 125	TAG R 125 Carl's Place has submitted Criminal Background checks for all jurisdictions that employees have resided in within 7 years of employment to update all personnel files. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records and personnel files monthly. A new Residential Director has been hired to oversee the day-to-day operations and work with the administrative team to assure all personnel files are current and correct. The Administrative Team meets monthly to review QA monitoring reports and address corrective action plans. The administrative team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again. Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services from qualified staff. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State, and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance, and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving quality services from qualified employees.	5/31/11	

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R 125	Continued From page 5 At the time of the survey, a background check had not been obtained for this employee for all jurisdictions within which the employee resided for the seven (7) years prior to employment .	R 125			